

City of Manchester  
 14318 Manchester Road  
 Manchester, MO 63011  
 P: (636) 227-1385 ex. 118  
 F: (636) 821-8099  
 pandz@manchestermo.gov



# Dumpster/POD Application

<b>PROJECT ADDRESS:</b> _____			
Owner: _____			
Address: _____		Phone: _____	
City, State, Zip: _____		Email: _____	
<b>Applicant:</b> _____			
Address: _____		Phone: _____	
City, State, Zip: _____		Email: _____	
<p>A permit is not required for dumpsters, PODS, storage containers or similar units that are stored in the driveway for four (4) days or less provided prior notice is given to the Planning &amp; Zoning Department.</p> <p>Any unit that is placed in the street or roadway <b>MUST</b> obtain a permit prior to delivery and placement of the unit. A permit for a unit in a roadway is subject to City staff approval and will be reviewed to ensure that its placement does not cause a major traffic hazard. All units in the roadway must have adequate traffic control devices, including but not limited to, a Type 3 barricade or 28" tall traffic cones with reflective tape.</p> <p>REMINDER: Activities related to the use of dumpsters, PODS, storage containers or similar units shall be limited to the hours of 7am to 8pm Monday thru Saturday and 9am to 8pm on Sunday.</p>			
<b>Type of Container:</b>	<input type="checkbox"/> Dumpster	<input type="checkbox"/> PODs	<input type="checkbox"/> Storage Container
	<input type="checkbox"/> Other: _____		
<b>POD/Storage Container Dimensions:</b>	Length: _____	Width: _____	Height: _____
<i>Cannot exceed 16'x8'8'</i>			
<b>Size of Dumpster:</b>	<input type="checkbox"/> 20yd	<input type="checkbox"/> 30yd	<input type="checkbox"/> 40yd
	<input type="checkbox"/> Other: _____		
<b>Container Placement:</b>	<input type="checkbox"/> On Street		<input type="checkbox"/> Driveway
<b>Starting Date &amp; Fees if in DRIVEWAY:</b> <i>Not to exceed 3 permits per yr.</i>	Start Date: _____ \$29 – 1 <sup>st</sup> Permit 30 days	Start Date: _____ \$49 – 2 <sup>nd</sup> Permit 30 days	Start Date: _____ \$79 – 3 <sup>rd</sup> Permit 30 days
	Start Date: _____ \$29 – 1 <sup>st</sup> Permit 2 wks	Start Date: _____ \$49 – 2 <sup>nd</sup> Permit 2 wks	Start Date: _____ \$79 – 3 <sup>rd</sup> Permit 2 wks
<b>Starting Date &amp; Fees if on STREET:</b> <i>Not to exceed 3 permits per yr.</i>	Start Date: _____ \$29 – 1 <sup>st</sup> Permit 2 wks	Start Date: _____ \$49 – 2 <sup>nd</sup> Permit 2 wks	Start Date: _____ \$79 – 3 <sup>rd</sup> Permit 2 wks
	Start Date: _____ \$29 – 1 <sup>st</sup> Permit 2 wks	Start Date: _____ \$49 – 2 <sup>nd</sup> Permit 2 wks	Start Date: _____ \$79 – 3 <sup>rd</sup> Permit 2 wks
I hereby certify that the information contained in this application and accompanying documents are correct, and that I will conform to all applicable laws of the City of Manchester.			
Applicant Signature: _____			Date: _____
Applicant's Name Printed: _____			
<b>FOR OFFICE USE ONLY BELOW</b>			
Unit must be removed by: _____		City of Manchester Permit #: _____	
Approved by: _____		Date: _____	
<small>Director, Planning, Zoning and Economic Development</small>			
<b>Zoning Fees</b>	Fee paid on: _____	Amount: _____	